FORM **MEPS-10(S)** (4-27-99)

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Medical Expenditure Panel Survey Insurance Component

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

The MEPS-10(S), Plan Information Questionnaire, is to be completed for the health insurance plans offered AT THIS LOCATION. Please respond for the plan indicated in the Question 1a box of each MEPS-10(S). If no plan names are preprinted, complete a separate MEPS-10(S) for the 4 largest plans your organization offers. You may use photocopies of this MEPS-10(S) form if sufficient copies were not included in this reporting package.				
	GENERAL PLAN INFORMATION			
		FOR CENSUS USE ONLY		
	If a plan name is preprinted in the question 1a answer box on the right, answer for the plan specified. Otherwise, complete this Plan Information Questionnaire for the plan with the largest (or next largest) enrollment of active employees.	100		
1a.	For 1998, what was the name of the health insurance plan with the largest (or next largest) enrollment of active employees?	Name of plan		
	 Examples: Blue Cross Blue Shield, High Option Option A Aetna HMO 			
b.	What was the name of the insurance company or carrier providing this plan?	Name of insurance carrier		
	Examples:Blue Cross Blue ShieldAllianceCharter Health			
	Enter your company name if self-insured.			
2.	Which type of health care provider was available through this plan?	103 1 Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)		
	Exclusive providers – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.	2 Any providers (Examples: Most conventional and indemnity plans) 3 Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)		
	Any providers – Enrollees may go to providers of their choice on a fee-for-service basis. The plan does not have any associated providers.	_\tag{\text{Examples: Most 1.0 and 1.00 type plants}		
	Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.			
3.	Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist?	104 1 ☐ Yes 2 ☐ No		
	For plans with multiple options, answer for the "in-network" option.	l L		
4.	Was this plan purchased through a pooling arrangement with other employers such as a multi-employer trust (MET) or a multi-employer welfare arrangement (MEWA)?	112 1 ☐ Yes 2 ☐ No		

	GENERAL PLAN INFORMATION – Continued			
5.	Was this plan purchased from an insurance underwriter or was it self-insured? Purchased from an insurance underwriter – (fully-insured) Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses. Self-insured – Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.	1 □ Purchased – SKIP to Page 3, Question 7 2 □ Self-insured – Continue with Question 6a		
	SELF-INSURED PL	LAN INFORMATION		
6a.	Complete Questions 6a-f if this plan was self-insured. Was this plan self-administered or did your organization employ an insurance company or other administrator?	1 Self-administered 2 Insurance company or other administrator		
b.	Did your organization purchase stop-loss coverage?	107 1 ☐ Yes 2 ☐ No		
C.	What was the ANNUAL COST of this plan for the 1998 plan year for this establishment? Include the following: • Claims paid • Administrative costs • The cost of stop-loss coverage (if any)	\$, , , , , 0 0 Annual plan cost		
d.	What was the monthly premium equivalent for ONE TYPICAL full-time employee with SINGLE coverage? Estimates are acceptable. Enter the COBRA amount when the premium equivalent is not available.	\$, . 0 0 Single coverage		
e.	What was the monthly premium equivalent for ONE TYPICAL full-time employee with FAMILY coverage? Estimates are acceptable. Enter the COBRA amount when the premium equivalent is not available. Family coverage should be calculated for a family of four if cost varies by family size.	\$, . 0 0 Family coverage		
f.	Are the amounts reported in 6d and 6e premium equivalents or COBRA amounts? Mark (X) only one.	111 1 ☐ Premium equivalents 2 ☐ COBRA amounts Continue with Page 3, Question 7.		

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	PLAN AFFILIATION					
7.	Was this plan offered through a union or a trade association? If this plan was offered through a union or trade association, please provide the information requested at the right.	114 N 116 N 117 A	ame of union or tradame of insurance red	presentati	tion 1	Neither – Continue with Question 8a 15 Local number, if a union
	ENROL	I MEN	<i>'</i>			
8a.	Estimates are acceptable for all enrollment figures. Exclude retirees. How many active employees were enrolled in this plan at this establishment during a typical pay period in 1998? Include full-time, part-time, temporary and seasonal employees. Exclude former employees.	 125 		Active em	ployees enro	lled in plan
	How many of these active employees were enrolled in single coverage during a typical pay period in 1998? How many FORMER employees were enrolled in this plan through COBRA or other state continuation-of-benefits laws during a typical pay period in 1998?	129 126 		in single o	ployees enro coverage mployees enr	
SINGLE COVERAGE PREMIUMS						
9a.	Report for typical situations and enrollees. If cost varies, report for an average employee. Report employer/employee contributions and total premium for the same period. Was single coverage offered under this plan?		1 □ Yes – Continue 2 □ No – SKIP to Pa			
b.	For this plan, how much did the employer contribute toward the plan premium of ONE TYPICAL full-time employee with single coverage?	131 	\$,	-	0 0 Emi	oloyer tribution
C.	How much did this typical employee with single coverage contribute toward his/her own premium?	132 	\$,		0 0 Emp	oloyee tribution
d.	What was the total premium for this typical employee with single coverage?		\$, If this was a self-ins the same as 6d on H			al premium ould be
e.	The amounts reported in questions 9b-d are based on which one of the following time periods? Mark (X) only one.	 	Weekly Every 2 weeks Monthly Quarterly Gain			

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	FAMILY COVERAGE PREMIUMS				
10a.	Report for typical situations and enrollees. If cost varies, report for an average employee. Report employer/employee contributions and total premium for the same period. Report for a family of four if cost varies by family size. Was family coverage offered under this plan?	 	1 ☐ Yes – Continue with Question 10b 2 ☐ No – SKIP to Question 11a		
b.	For this plan, how much did the employer contribute toward the plan premium of ONE TYPICAL full-time employee with family coverage?	135 	\$. 0 0 Employer contribution		
C.	How much did this typical employee with family coverage contribute toward his/her own premium?	136 	\$, . 0 0 Employee contribution		
d.	What was the total premium for this typical employee with family coverage?	134 	\$, . 0 0 Total premium If this was a self-insured plan, this total should be the same as 6e on Page 2.		
e.	The amounts reported in questions 10b-d are based on which one of the following time periods? Mark (X) only one.	553 1 1 1 1	1 Weekly 2 Every 2 weeks 3 Monthly 5 Quarterly 4 Yearly		
	GENERAL PREMIL	иі мс	FORMATION		
11a.	Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics? Mark (X) all that apply.	1 138 1 139 1 140 1 141 1 142 1 099 1	☐ Age ☐ Sex (Gender) ☐ Number of persons covered by a family plan ☐ Wage or salary levels ☐ Other – Specify ☐		
b.	Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by different employee categories? Examples: Full-time, part-time, union status, wage or salary levels	143 	1 ☐ Yes 2 ☐ No		
C.	Did any enrollee receive a direct subsidy or contribution toward any part of the premium from an outside third party? Example: A union or government paid a portion of the premium.	•	1 □ Yes 2 □ No		
12.	Did the plan premium include life and/or disability insurance? Mark (X) all that apply.	 144 145 145	☐ Life insurance ☐ Disability insurance ☐ No life and/or disability insurance covered by the premium		

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INDIVIDUAL DEDUCTIBLES			
13a. Did this plan have a deductible? Deductible – Predetermined amount which must be met by an individual before the plan will pay for covered services. Many HMOs do not have a deductible.	1 151 1 ☐ Yes – Continue with Question 13b 2 ☐ No – SKIP to Page 6, Question 15a		
b. What was the annual deductible an individual paid? Report deductibles for care received "in-network" from preferred providers, if applicable. Enter physician care and hospital care amounts in appropriate boxes if separate deductibles apply. If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 15b on Page 6.	\$, . 0 0 Individual annual deductible OR Separate deductibles for: 147 \$, . 0 0 Physician care 148 \$, . 0 0 Hospital care		
FAMILY DE	DUCTIBLES		
14a. Did this plan require that a specific number of family members must meet their individual deductibles before the family deductible was met?	1 Yes - Continue with Question 14b 2 No - SKIP to Question 14c Family coverage not offered - SKIP to Page 6, Question 15a		
b. How many family members were required to meet their individual deductibles before the family deductible was met? Report for typical situations and enrollees.	Number of family members		
C. What was the total annual deductible a family paid? Report for a family of four.	\$. 0 0 Total annual family deductible		

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	PAYMENTS PAYMENTS			
15a.	Was hospital care covered under this plan?	 155 	1 ☐ Yes – Continue with Question 15b 2 ☐ No – SKIP to Question 15c	
b.	How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital stay after any annual deductible was met?	152 	\$, Amount paid by enrollee for hospital care	
	Some plans may have both a dollar amount and a percentage copayment.	154 	1 ☐ Per day 2 ☐ Per stay	
	Out-of-pocket expense – Those costs paid directly by the enrollee.	 153	AND/OR	
	Report for precertified hospital stays (if applicable).	133	% Raid by anyallas	
	Report for stays at "in-network"/participating hospitals (if applicable).		Paid by enrollee	
	Do not include any physician charges incurred during the hospital stay.	 		
C.	Was physician care covered under this plan?	218 	1 ☐ Yes – Continue with Question 15d 2 ☐ No – SKIP to Question 16a	
d.	How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an office visit after any annual deductible was met?	 156 	\$. 0 0 Amount paid by enrollee for office visit	
	Some plans may have both a dollar amount and a percentage copayment.	 	AND/OR	
	Report the copayment for an "in-network"/participating general practitioner during normal office hours.		% Paid by enrollee	
	Out-of-pocket expense – Those costs paid directly by the enrollee.	 		
16a.	What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?	 159 	\$, , , . 0 0	
		 158 	☐ No lifetime maximum	
b.	What was the maximum amount this plan would have paid for an enrollee in one year?	160 	\$, , , , , , 0 0	
	 	 221 	□ No annual maximum	
17a.	What was the maximum annual out-of-pocket expense for an individual?	 161 	\$. 00	
	Out-of-pocket expense – Those costs paid directly by the enrollee.		OR	
	This is often referred to as a catastrophic limit.	l 163	☐ No individual maximum	
	Include all copayments and deductibles.	 		
b.	What was the maximum annual out-of-pocket expense for a family of four?	162 	\$. 0 0	
	Out-of-pocket expense – Those costs paid directly by the enrollee.	 	OR	
	This is often referred to as a catastrophic limit.	222	☐ No family maximum	
	Include all copayments and deductibles.	 		

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	PLAN CHARACTERISTICS			
18a.	Could this plan have refused to cover persons with certain pre-existing medical or health conditions?	1 Signature 183 1 Yes – Continue with Question 18b 2 No – SKIP to Question 19		
b.	Did this happen in 1998?	184 1 ☐ Yes 2 ☐ No		
19.	Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	185 1 Yes 2 No		
20.	In what month did the plan year begin? Enter a two-digit numeric response. Example: January = 01; May = 05	Month		
21.	Which of the services listed were covered by this plan? Mark (X) all that apply.	164		
	CURRENT YEAR PL	AN INFORMATION		
22a.	Questions 22a-f refer to the 1999 plan year. Is this plan also being offered in the 1999 plan year?	1 Secondary 1 Yes – SKIP to Question 22c 2 No – Continue with Question 22b		
b.	If this plan is no longer offered, was it replaced with a similar plan, replaced by a substantially different plan or dropped without replacement?	187 1 Replaced with similar plan 2 Replaced by a substantially different plan 3 Dropped without offering replacement – END THIS FORM		
	Please answer for this plan or the one which replaced it.			
C.	For 1999, how many active employees are enrolled in single coverage during a typical pay period?	Active employees enrolled in single coverage		
d.	For 1999, how many active employees are enrolled in family coverage during a typical pay period?	Active employees enrolled in family coverage		
e.	For 1999, what is the total monthly premium for ONE TYPICAL full-time employee with single coverage?	\$, 0 0 Monthly single coverage premium		
f.	For 1999, what is the total monthly premium for ONE TYPICAL full-time employee with family coverage?	\$, 0 0 Monthly family coverage premium		